

286402-00001-1

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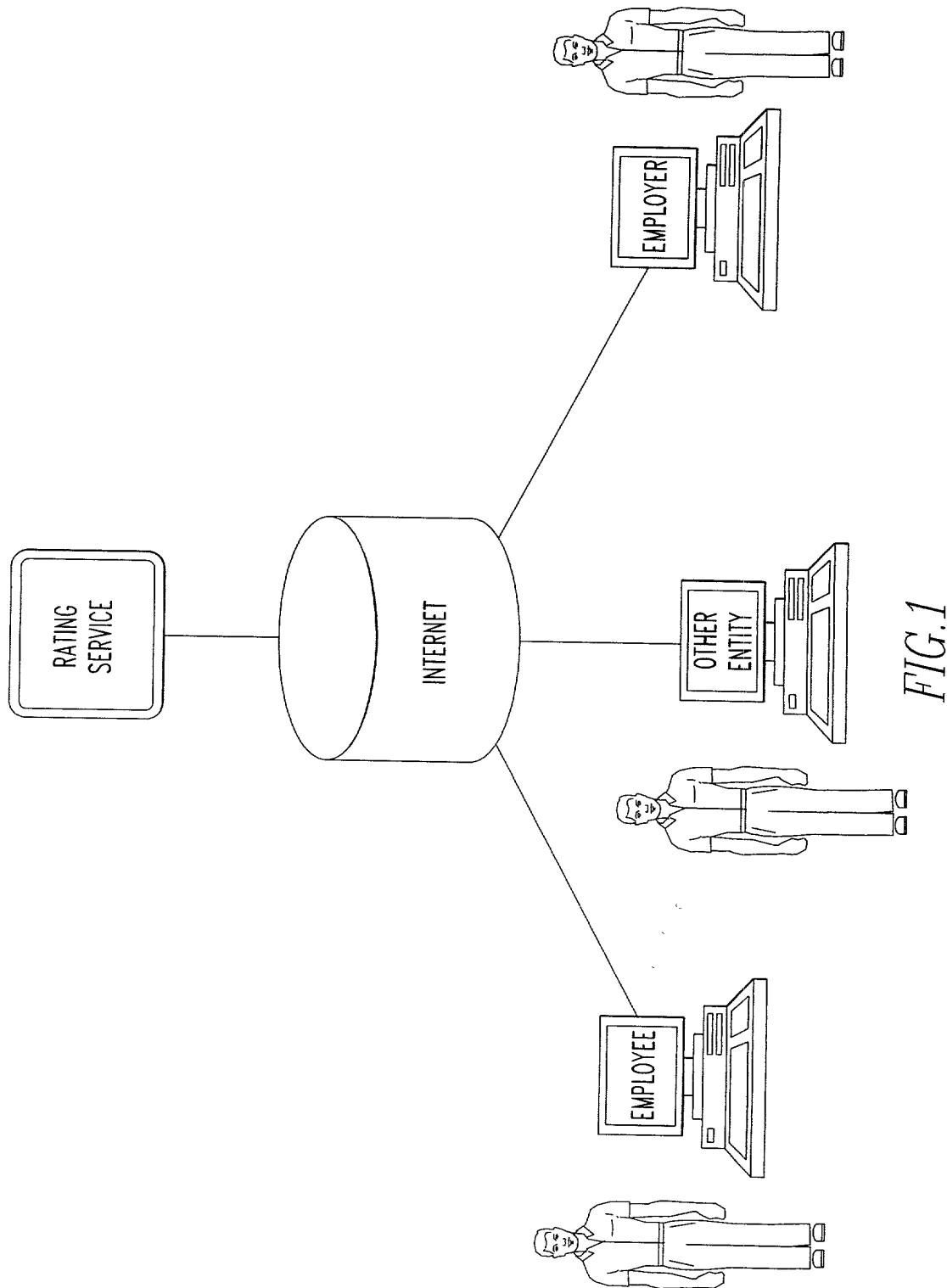


FIG. 1

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EMPLOYEE FEEDBACK CATEGORIES/SUB-CATEGORIES

FIG.2A

LEVEL 1	LEVEL 2	LEVEL 3
ENVIRONMENT	TRAVEL WORKING HOURS WORK AREA FACILITIES/AMMENITIES CULTURE ORGANIZATIONAL STRUCTURE OTHER	ACOUSTICS SPACE/ACCOMMODATIONS EQUIPMENT DECOR TELECOMMUTING OTHER FITNESS CENTER ATM LUNCH ROOM PARKING SECURITY OTHER ENTREPRENEURIAL BUREAUCRATIC AUTHORITATIVE PROFESSIONAL TEAM-ORIENTED OTHER CURRENT REORGANIZATION STAFFING REQUIREMENTS OTHER
CORPORATE COMMUNICATIONS	FREQUENCY QUALITY FLOW THROUGH ORGANIZATION CONFLICT MANAGEMENT OTHER	
PRODUCTS & SERVICE OFFERINGS	SUGGESTIONS IMPROVEMENTS IDEAS COST-SAVINGS SUGGESTIONS PROCESS/PROCEDURAL OTHER	
PERSONNEL VALUE	BALANCE/QUALITY OF LIFE APPRECIATION RESPECT INTERPERSONAL INTERACTIONS W/ MANAGEMENT RANKS-DIRECT OR INDIRECT REPORTING (ALL LEVELS) OTHER	

A

B

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A BENEFITS	GENERAL BENEFITS DISTINCT BENEFITS EVENTS & ACTIVITIES OTHER	B OVERALL VACATION SICK/PERSONAL TIME BEREAVEMENT MATERNITY/PATERNITY LEAVE FMLA HEALTH/MEDICAL INSURANCE DEPENDENTS LIFE INSURANCE VISION INSURANCE DENTAL INSURANCE SHORT-TERM-DISABILITY PSYCHOLOGICAL SERVICES 401K/IRA PROFIT SHARING STOCK OPTIONS PENSION PLAN OTHER CLUB MEMBERSHIPS DISCOUNTS ADOPTIONS ASSISTANCE ALTERNATIVE SICK DAYS DAY CARE OTHER VOLUNTEER WORK CHARITABLE ORGANIZATIONS EXTRACURRICULAR ACTIVITIES COMPANY SPONSORSHIPS OTHER
CAREER DEVELOPMENT	TRAINING ADMINISTRATION OTHER	MENTORING FORMAL EDUCATION IN-HOUSE TRAINING SEMINARS/CONFERENCES OTHER EVALUATIONS ORIENTATIONS COMPENSATION GROWTH OPPORTUNITIES OTHER

FIG. 2B

286402-00001-1

4/20

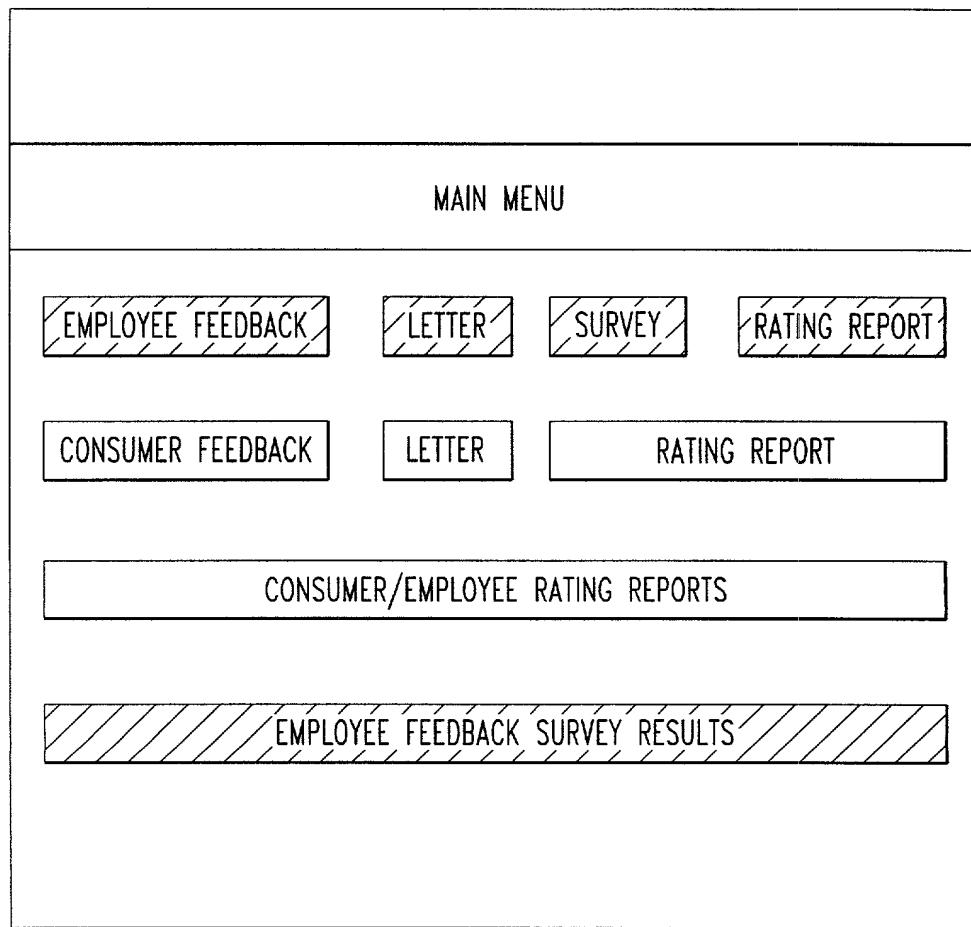


FIG.3

286402-00001-1

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COMPOSING AN EMPLOYEE LETTER

* LETTER FEEDBACK TYPE V

* INDUSTRY V

* COMPANY NAME V

* COMPANY WEB ADDRESS V

EMPLOYEE NAME V

EMPLOYEE E-MAIL V

* CITY/STATE V

REGISTERED USERS: LOG IN HERE!

E-MAIL ADDRESS:

PASSWORD:

*(NOTE: AOL USERS: BE SURE TO INCLUDE @AOL.COM)

UNREGISTERED USERS: REGISTER HERE:

E-MAIL ADDRESS:

*(NOTE: AOL USERS: BE SURE TO INCLUDE @AOL.COM)

SET PASSWORD

PASSWORD:

CONFIRM PASSWORD:

BACK

CONTINUE

FIG. 4A

286402-0001-1

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COMPOSING AN EMPLOYEE LETTER

LETTER FEEDBACK TYPE: CARRIED OVER AUTOMATICALLY

INDUSTRY: CARRIED OVER AUTOMATICALLY

COMPANY CONTACT NAME: CARRIED OVER AUTOMATICALLY

COMPANY ADDRESS: CARRIED OVER AUTOMATICALLY

*

FEEDBACK CATEGORY	V
-------------------	---

 *

SUB-CATEGORY 1	V
----------------	---

 *

SUB-CATEGORY 2	V
----------------	---

TAKE YOUR TEMPERATURE WITH THE FOLLOWING QUESTIONS!

OVERALL COMPANY SATISFACTION:

VERY SATISFIED SOMEWHAT SATISFIED NEUTRAL SOMEWHAT DISSATISFIED VERY DISSATISFIED

WOULD THIS EXPERIENCE CAUSE YOU TO LOOK FOR ANOTHER JOB?

DEFINITELY PROBABLY POSSIBLE PROBABLY NOT DEFINITELY NOT

INTENT TO TELL OTHERS:

DEFINITELY PROBABLY POSSIBLE PROBABLY NOT DEFINITELY NOT

BACK

CONTINUE

FIG.4B

286402-0001-1

7/20

(DATE)
(COMPANY CONTACT NAME)
(COMPANY NAME)
(COMPANY ADDRESS)
(CITY, STATE, ZIP)
(SALUTATION)

COMPOSING YOUR
ACKNOWLEDGMENT LETTER

I AM WRITING TO ACKNOWLEDGE THE AREA OF (FEEDBACK CATEGORY), SPECIFICALLY RELATED TO (SUB-CATEGORY 1)(SUB-CATEGORY 2). ALLOW ME TO RE-COUNT MY POSITIVE EXPERIENCE WHICH HAS LED ME TO SEND THIS LETTER OF ACKNOWLEDGMENT .

(TYPE HERE)

INCLUDE NAME(S), DEPARTMENT, PRODUCT, SERVICE, PROCESS ETC.
INCLUDE DATE(S) OF OCCURRENCE TELL THEM SPECIFICS ABOUT
YOUR POSITIVE EXPERIENCE !

(250 MAXIMUM
CHARACTER LENGTH)

AS A RESULT OF THIS ENCOUNTER, I WOULD LIKE TO SUGGEST/RECOMMEND

(TYPE HERE)

HERE'S YOUR CHANCE TO NOMINATE SOMEONE FOR AN AWARD,
SIMPLY A STATEMENT OF RECOGNITION OR JUST TO KEEPING' ON
WITH A PROCESS, PROCEDURE ETC.

(250 MAXIMUM
CHARACTER LENGTH)

BASED ON THIS EXPERIENCE, I RATE MY OVERALL COMPANY SATISFACTION AS (CARRY OVER).
IN ADDITION, THIS EXPERIENCE WILL (CARRY OVER) CAUSE ME TO LOOK FOR A NEW JOB. I
(CARRY OVER) INTEND TO TELL OTHERS ABOUT MY EXPERIENCE.

THANK YOU FOR THIS OPPORTUNITY TO SHARE MY EXPERIENCE

COMPLIMENTARY CLOSE ▽

I WANT THE FOLLOWING INFORMATION TO APPEAR IN MY LETTER

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE :

 ▽

ZIP:

FIG.5

286402-0001-1

8/20

(DATE)
(COMPANY CONTACT NAME)
(COMPANY NAME)
(COMPANY ADDRESS)
(CITY, STATE, ZIP)
(SALUTATION)

COMPOSING YOUR
LETTER OF CONCERN

I AM WRITING TO EXPRESS A CONCERN I HAVE IN THE AREA OF (FEEDBACK CATEGORY) WITH YOUR COMPANY, SPECIFICALLY RELATED TO (SUB-CATEGORY 1)(SUB-CATEGORY 2). ALLOW ME TO RE-COUNT THE EVENTS SURROUNDING MY CONCERN WHICH HAS PROMPTED ME TO WRITE THIS LETTER.

(TYPE HERE)

TELL THEM YOUR CONCERN. INCLUDE SPECIFIES.
BE CONSTRUCTIVE!

(250 MAXIMUM
CHARACTER LENGTH)

AS A RESULT OF THIS ENCOUNTER, I WOULD LIKE TO SUGGEST/RECOMMEND

(TYPE HERE)

PROVIDE THEM A POSITIVE ALTERNATIVE SOLUTION TOWARDS
YOUR CONCERN.

(250 MAXIMUM
CHARACTER LENGTH)

BASED ON THIS EXPERIENCE, I RATE MY OVERALL COMPANY SATISFACTION AS (CARRY OVER). IN ADDITION, THIS EXPERIENCE WILL (CARRY OVER) CAUSE ME TO LOOK FOR A NEW JOB. I (CARRY OVER) INTEND TO TELL OTHERS ABOUT MY EXPERIENCE.

THANK YOU FOR THIS OPPORTUNITY TO SHARE MY EXPERIENCE

COMPLIMENTARY CLOSE ▽

I WANT THE FOLLOWING INFORMATION TO APPEAR IN MY LETTER

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE :

ZIP:

FIG.6

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9/20

(DATE)
(COMPANY CONTACT NAME)
(COMPANY NAME)
(COMPANY ADDRESS)
(CITY, STATE, ZIP)
(SALUTATION)

COMPOSING YOUR
RECOMMENDATION LETTER

I AM WRITING TO OFFER A RECOMMENDATION IN THE AREA OF (FEEDBACK CATEGORY),
SPECIFICALLY RELATED TO (SUB-CATEGORY 1) SUB-CATEGORY 2). ALLOW ME TO
RE-COUNT MY EXPERIENCE WHICH HAS LED ME TO SEND THIS LETTER OF RECOMMENDATION.

(TYPE HERE)

INCLUDE NAME(S), TITLES(S), DEPARTMENT, PRODUCT, SERVICE,
PROCESS ETC.

(250 MAXIMUM
CHARACTER LENGTH)

INCLUDE DATES IF APPLICABLE. BE SPECIFIC!

AS A RESULT OF THIS ENCOUNTER, I WOULD LIKE TO SUGGEST/RECOMMEND

(TYPE HERE)

HERE'S YOUR CHANCE TO MAKE A DIFFERENCE WITHIN YOUR
COMPANY - TAKE ADVANTAGE OF IT!

(250 MAXIMUM
CHARACTER LENGTH)

BE SPECIFIC, AND OFFER MORE THAN ONE RECOMMENDATION IF
YOU CAN.

BASED ON THIS EXPERIENCE, I RATE MY OVERALL COMPANY SATISFACTION AS (CARRY OVER).
IN ADDITION, THIS EXPERIENCE WILL (CARRY OVER) CAUSE ME TO LOOK FOR A NEW JOB. I
(CARRY OVER) INTEND TO TELL OTHERS ABOUT MY EXPERIENCE.

THANK YOU FOR THIS OPPORTUNITY TO SHARE MY EXPERIENCE, AND OFFER
MY RECOMMENDATION.

COMPLIMENTARY CLOSE ▽

I WANT THE FOLLOWING INFORMATION TO APPEAR IN MY LETTER

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE :

 ▽

ZIP:

FIG. 7

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(DATE)
(COMPANY CONTACT NAME)
(COMPANY NAME)
(COMPANY ADDRESS)
(CITY, STATE, ZIP)
(SALUTATION)

10/20

COMPOSING YOUR
INQUIRY LETTER

I AM WRITING ABOUT AN INJURY THAT I HAVE IN THE AREA OF (FEEDBACK CATEGORY) WITHIN YOUR COMPANY, SPECIFICALLY RELATED TO (SUB-CATEGORY 1)(SUB-CATEGORY 2). AS A RESULT OF MY INTEREST, ALLOW ME TO PROVIDE SOME DETAIL SURROUNDING MY INQUIRY:

(TYPE HERE)

DO YOU HAVE AN EXPERIENCE OR SITUATION THAT HAS LED YOU TO YOUR INQUIRY/QUESTION? IF SO, BACKGROUND INFORMATION IS USUALLY HELPFUL. DON'T LEAVE 'EM GUESSING.

(250 MAXIMUM CHARACTER LENGTH)

WHERE DID THIS QUESTION COME FROM?

AND / OR

(TYPE HERE)

TYPE YOUR INQUIRY/QUESTION HERE

(250 MAXIMUM CHARACTER LENGTH)

BASED ON THIS EXPERIENCE, I RATE MY OVERALL COMPANY SATISFACTION AS (CARRY OVER). IN ADDITION, THIS EXPERIENCE WILL (CARRY OVER) CAUSE ME TO LOOK FOR A NEW JOB. I (CARRY OVER) INTEND TO TELL OTHERS ABOUT MY EXPERIENCE.

THANK YOU FOR THIS OPPORTUNITY TO INQUIRE WITHIN YOUR COMPANY:

COMPLIMENTARY CLOSE

*THE FOLLOWING INFORMATION MUST BE INCLUDED IN LETTER IN ORDER TO RECEIVE AN ANSWER TO YOUR INQUIRY.

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE :

ZIP:

FIG.8

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11/20

CONSUMER/EMPLOYEE RATING REPORTS

CONCERN BY CATEGORY

COMPARATIVE ANALYSIS - CONCERNS

ACKNOWLEDGMENTS BY CATEGORY

CONSUMER/EMPLOYEE RATING REPORTS

COMPARATIVE ANALYSIS - EMPLOYEE CONCERNS VS. ACKNOWLEDGMENTS

COMPARATIVE ANALYSIS - CONSUMER CONCERNS VS. ACKNOWLEDGMENTS

FIG. 9

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12 / 20

FIG. 9A

A

B

286402-0001-1

A

FIG. 9B

13/20

**EMPLOYEE RATING REPORT
AS OF 11/3/00**

C

B

D

286402-0001-1

14 / 20

D

FIG. 9C

F

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15 / 20

CAREER DEVELOPMENT

PENSON/PROFIT PLANS	TRAINING	ADMINISTRATION (EVALUATIONS, ORIENTATIONS, GROWTH OPPORTUNITIES)	COMPENSATION
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)
(3) (14)	(3)(14)	(3) (14)	(3) (14)

F

FIG. 9D

286402-0001-1

EMPLOYEE FEEDBACK SURVEY 16/20

GENERAL INFORMATION

FIRST NAME (OPTIONAL): _____ LAST NAME (OPTIONAL): _____
*INDUSTRY: _____ *COMPANY NAME: _____ *COMPANY WEB ADDRESS: _____
*REGION/AREA: _____ *DEPARTMENT: _____
*MANAGER NAME: _____ *CITY: _____ *STATE: _____

NOTE: ALL FIELDS DENOTED WITH A ASTERISK (*) ARE REQUIRED FIELDS

CHECK THIS BOX IF YOU WISH TO SELECT AND COMPLETE ALL SURVEY CATEGORIES AND SUB-CATEGORIES

ENVIRONMENT

TRAVEL

HOW OFTEN DO YOU TRAVEL?

0% - 10%
 10% - 25%
 25% - 50%
 50% - 75%
 75% - 100%

I WOULD PREFER TO TRAVEL...(WHAT PERCENTAGE OF TIME?)

0% - 10%
 10% - 25%
 25% - 50%
 50% - 75%
 75% - 100%

THE DISTANCE I MOST FREQUENTLY TRAVEL...

WITHIN A 50-MILE RADIUS
 NEIGHBORING STATES (WITHIN A 500-MILE RADIUS)
 ACROSS MANY STATES (2000-3500 MILES)
 INTERNATIONALLY

I WOULD PREFER TO TRAVEL...(WHAT DISTANCE?)

WITHIN A 50-MILE RADIUS
 NEIGHBORING STATES (WITHIN A 500-MILE RADIUS)
 ACROSS MANY STATES (2000-3500 MILES)
 INTERNATIONALLY

TRAVEL EXPENDITURES ARE REIMBURSED...(WHAT TIMEFRAME)

I AM NEVER REIMBURSED
 BY WAY OF SLOW BOAT FROM CHINA (60 - 90 DAYS)
 SLOWLY (6 WEEKS)
 JUST OKAY (3 - 4 WEEKS)
 SOMEWHAT QUICK (2 - 3 WEEKS)
 AS FAST AS A SPEEDING BULLET (WITHIN 1 - 2 WEEKS)
 I RECEIVE CASH ADVANCES

FIG.10

286402-0001-1

17/20

A

ABC COMPANY	TIMEFRAME: JAN-MAR '00	
# OF RESPONDENTS: 2532		
CATEGORY	SUB-CATEGORY 1	SUB-CATEGORY 2
ENVIRONMENT		
TRAVEL		
WORKING HOURS		
WORK AREA		
	ACOUSTICS	
	SPACE/ACCOMMODATIONS	
	EQUIPMENT	
	DECOR	
	TELECOMMUTING/HOME OFFICE	
	OTHER	
FACILITIES/AMMENITIES		
	FITNESS CENTER	
	ATM	
	LUNCH ROOM	
	PARKING	
	SECURITY	
	OTHER	
CULTURE		
	ENTREPRENEURIAL	
	BUREAUCRATIC	
	AUTHORITATIVE	
	PROFESSIONAL	
	TEAM-ORIENTED	
	OTHER	
ORGANIZATIONAL STRUCTURE		
	CURRENT	
	REORGANIZATION	
	STAFFING REQUIREMENTS	
	OTHER	
CORPORATE COMMUNICATION		
	FREQUENCY	
	QUALITY	
	FLOW THROUGH ORGANIZATION	
	CONFLICT MANAGEMENT	
	OTHER	
PRODUCTS & SERVICES OFFERINGS		
	SUGGESTIONS	
	IMPROVEMENTS	
	IDEAS	
	COST-SAVING SUGGESTIONS	
	PROCESS/PROCEDURAL	
	OTHER	

FIG.11A

B

286402-0001-1

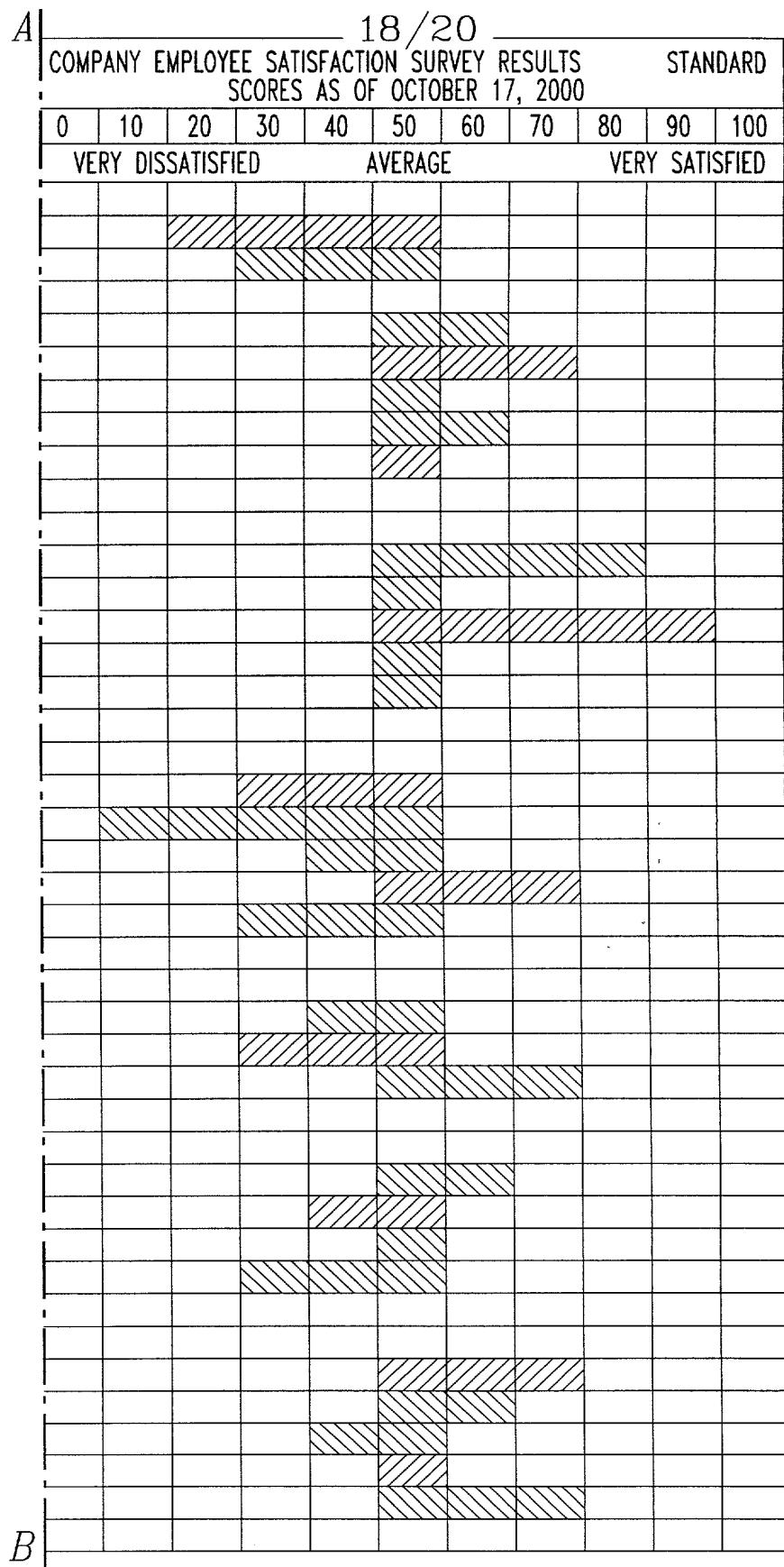


FIG. 11B

286402-0001-1

19/20

CONSUMER/EMPLOYEE RATING REPORT
ACKNOWLEDGMENTS BY CATEGORY

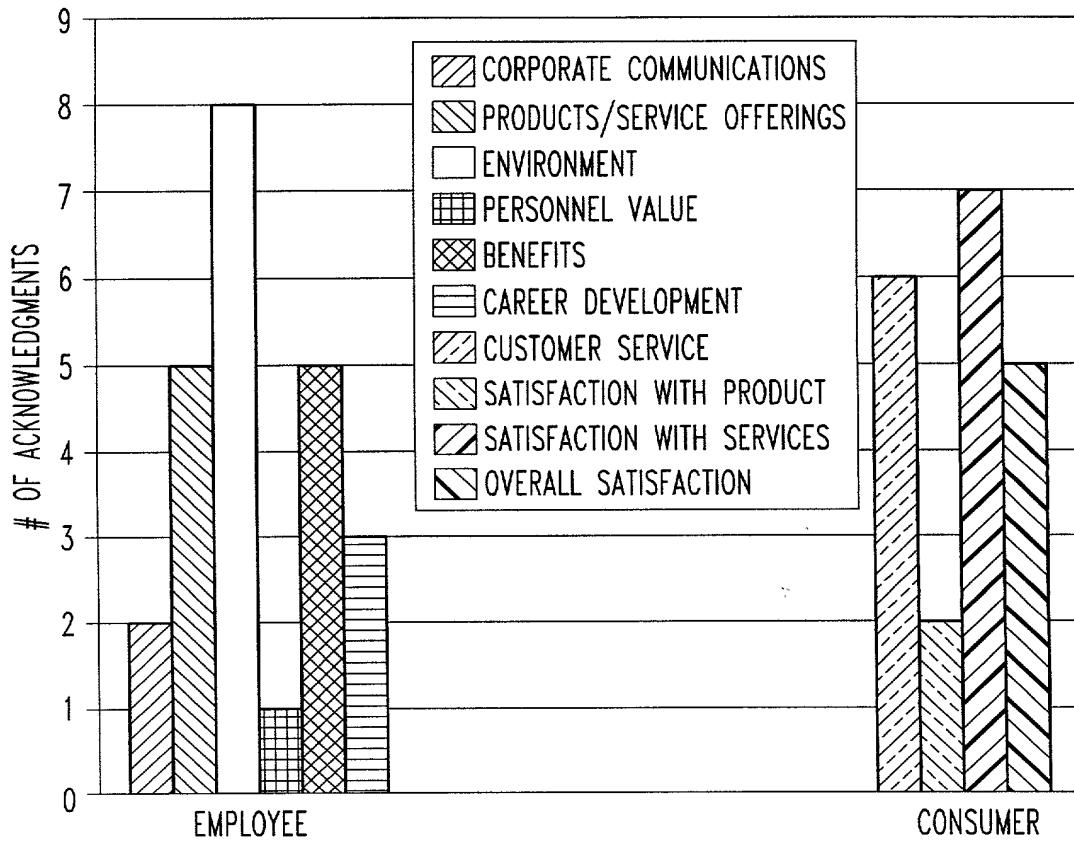


FIG.12

286402-0001-1

20/20

CONSUMER/EMPLOYEE RATING REPORT
COMPARATIVE ANALYSIS - ACKNOWLEDGMENTS

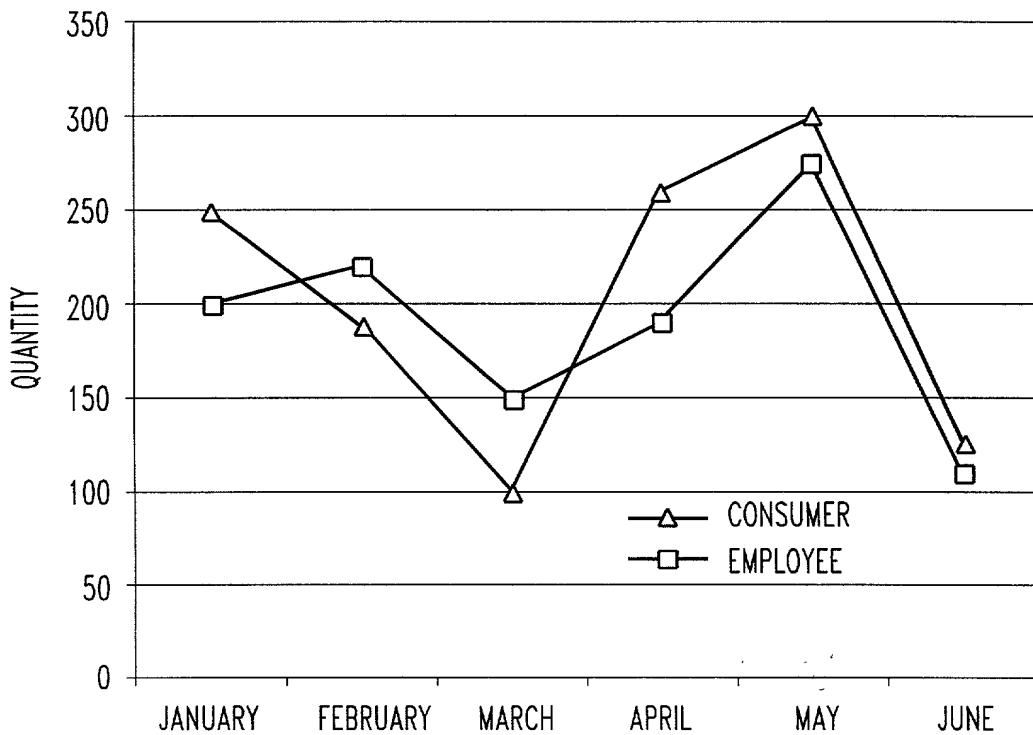


FIG.13